

Defined Contribution Risk Adjuster Board Minutes

State Office Building Room 3112

Approved

January 28, 2014

Attendees: Dave Jackson, *FirstWest Benefit Solutions*; Jim Murray, *SelectHealth*; Paul Anderton, *PEHP*; Tomasz Serbinowski, *UID*; Perri Babalis, *Utah Attorney General*; Patty Conner, *OCHS*; Jill Goodmansen, *OCHS*; Sue Watson, *OCHS*; Betsy Jerome, *UID*; Todd Kiser, *UID*; Russ Johnston, *FirstWest Benefit Solutions*; Lorraine Mayne, *Milliman*

Kim Miller, *UHC* (via telephone); Gabriela Benitez, *GBS Benefits* (via telephone); Ann Ibrahim, *Regence* (via telephone)

- I. Meeting called to order at 1:07 p.m.
- II. December 17th minutes approved with one change.
- III. Patty Conner from OCHS gave an update regarding Avenue H –
 - a. Web analytics – OCHS is keeping track of those coming in to quote. Unique users on quote page is 11, 362, Avenue H homepage 62,306, and overall www.avenue.com is 80,337. More than what was in the entire year before, more people looking at Avenue H and what is offered.
 - b. January Statistics
 - i. 81 new groups (Compared to 15 new groups from previous year)
 - ii. 547 new employees
 - iii. 785 new dependents
 - iv. 1332 new covered lives
 - v. Had as much business in January as all previous year combined. Had OCHS not extended the enrollment period, they would not have had that many enrollments.
 - vi. 28 January groups renewed. Not as many groups as they went to December early renewal.
 - vii. Lost 25 groups for January due to most going to the individual market because of the size of the group, however did not get all statistics for the terminations
 - viii. Total of 420 groups, 3644 employees, 6299 dependents, total lives 9943
 - ix. Still looking through data for more specific dashboard information.
 - x. Drop in the defined contribution amount, went from \$465 to \$271 due to the tier structure change. Working with PlanSource to come up with a way to set up defined contribution at a tier level. Once this is done, the average contribution amount should go up. Want to make it flexible for groups to offer amounts that work best for the group.

- xi. 12% came to Avenue H without a broker
- xii. Original due date for January groups was December 10, but since Feds extended their deadline, Avenue H did as well through December 23rd.
- xiii. Had about 105 groups register for January, however some were not real groups.
- xiv. At one point there were 88 groups joining for January, however some went to a February effective date and others stayed with their current date.
- xv. HSA – 990 accounts
- c. February Enrollments
 - i. 16 of the 19 groups renewed. 1 group came in on 1/1 with a different name.
 - ii. 18 new employers have completed enrollment
 - iii. All groups met the 75% participation requirement
- d. Dental Enrollment
 - i. 7 Carriers and 48 plans
 - ii. Employer only has the option to select 1 dental carrier during registration
 - iii. 137 Employees
 - iv. 231 Dependents
 - v. 368 total covered lives
 - vi. Renewal groups will have the opportunity to enroll in coverage during their enrollment and these numbers are only for new January groups.
- e. In the past OCHS has tracked uninsured before joining Avenue H. Due to not gathering health information, this information is difficult to get. Working to get a report of this information as it is at the group registration level.
- f. If the group is in the registration process, OCHS is unable to view who the broker is for the group if they have one. Some groups just randomly picked a broker from the list
- g. Wage and Tax form
 - i. Only 6 groups went through underwriting due to not submitting proper documentation initially.
 - ii. The way the technology changed made a big difference in the process.
 - iii. Some issues with the wage and tax form being uploaded were the brokers would re-name the encrypted document
 - iv. OCHS went through each February group to audit wage and tax
- h. Migration
 - i. Done with all activity on bswift and eHealthApp systems

- ii. Access to systems has been turned off for brokers, employers and employees
 - iii. Migrated all groups including the renewal groups
 - iv. Did migration during ACA changes, December early renewal and new technology partner change.
 - v. 370 groups were migrated
 - vi. Had to merge carrier feeds and invoicing process. PlanSource and Certifi helped get through this process.
 - vii. Issues
 - 1. Once invoicing was complete OCHS found rate issues. Those groups that requested early renewal rates were sent to PlanSource and rates were incorrect for those groups that did not move forward with early renewal. In the process of providing new rates. Sent out invoices for all groups last Friday January 24th. Working to get payments to carriers and deposits to the HSA accounts. At the latest will get there by Monday, but hopeful for Friday. Wait until all monies are in before disbursements are done. February invoices are due to go out on Friday with invoices going out a little late as well. March invoicing should be on time.
 - 2. Had to change the carrier feeds from bswift to PlanSource and PlanSource had to re-code all groups. A few groups did not get ID cards on time and some still don't have their physical ID cards. Each group has their specific group number under each carrier.
- i. Retrospective
 - i. Fixes
 - 1. Defined Contribution by tier level
 - 2. Improve wage and tax and census development
 - 3. Improve communication on new and renewing groups with carriers
 - 4. Consistency with timelines
 - 5. Broker and carrier roundtable will focus on prioritizing improvement projects and scoping the process
 - 6. Plan comparison tool
 - 7. Overlapping names and missing plan SBC's
 - j. Needs for OCHS
 - i. Simplicity for consumers
 - ii. How to solve for out of state employees

- iii. Make sure to have a competitive environment including rates between the carriers. Need a way to retain the small group market.
- iv. Consider increasing count of small group up to 99 employees

IV. Paul Anderton

- a. Risk Adjustment & Premium Allocation subcommittee report
 - i. Paul stated no updates.

V. Kim Miller with United HealthCare

- a. Underwriting Subcommittee Report
 - i. Kim stated no updates.

VI. Jim Murray with SelectHealth

- a. Legal Subcommittee
 - i. Submitted plan of operations to Betsy for Tanji to review and waiting for feedback. Changes will then be sent to the commissioner to review and approve.

VII. Betsy Jerome with Insurance Department

- a. Betsy will follow up on:
 - i. What the boundaries are for carriers to offer out of state coverage for employees
 - ii. Status of Arches joining the Risk Adjustment Board
 - iii. Status of the Plan of Operations

VIII. Next Meeting will be February 25, 2014 at 1:00 pm

IX. Meeting adjourned at 2:50 p.m.